

PRE-TRIAL STATEMENT

FOR PARENTING TIME, LEGAL DECISION-MAKING, AND CHILD SUPPORT

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You or the other party filed a Petition for parenting time, legal decision-making, and child support.
- The court scheduled a trial in your case.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

Deadline: You must file these forms with the court at least 20 days before the trial.

STEP 1: MAKE SURE YOU HAVE COMPLETED THE LAW LIBRARY PACKET CALLED *DISCLOSURE*

STEP 2: EXCHANGE COPIES OF THE FOLLOWING WITH EACH OTHER

- ☐ Exhibits you want to have at the trial
- ☐ Reports of the expert witnesses you want to have at the trial

STEP 3: FILL OUT THE PRE-TRIAL STATEMENT

STEP 4: FILL OUT AN AFFIDAVIT OF FINANCIAL INFORMATION FOR EACH PERSON WHO SIGNED THE PRE-TRIAL STATEMENT

STEP 5: FILL OUT AN INVENTORY OF PROPERTY AND DEBTS FOR EACH PERSON WHO SIGNED THE PRE-TRIAL STATEMENT

STEP 6: FILL OUT THE DECREE OF PARENTING TIME, LEGAL DECISION-MAKING, AND CHILD SUPPORT

STEP 7: FILE THE FOLLOWING WITH THE COURT AT LEAST 20 DAYS BEFORE THE TRIAL

Take or mail the original and two copies of the following to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

- ☐ Pre-Trial Statement
- ☐ An Affidavit of Financial Information for each person who signed the Pre-Trial Statement
- ☐ An Inventory of Property and Debts for each person who signed the Pre-Trial Statement
- ☐ Decree of Parenting Time, Legal Decision-Making, and Child Support

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

STEP 8: IF YOU FILLED OUT THE PRE-TRIAL STATEMENT ON YOUR OWN: DELIVER COPIES TO THE OTHER PARTY

Mail or hand-deliver a copy of each form you filed in Step 7 to the other party. If the other party has an attorney, deliver the copies to the attorney.

STEP 9: GO TO THE TRIAL

Bring your witnesses, three copies of your evidence, and a copy of every document you filed with the court in this case. Be prepared to tell the judge why you think the court should grant your requests.

Before the trial, watch the courts video *How to Represent Yourself in Court* online at <http://tinyurl.com/mp8py4n> to learn about trial procedures.

Fill Out This Form Together: You're required to fill this out with the other party, unless there is domestic violence. If the other party won't fill this out with you, or if there's domestic violence, fill this out on your own to the best of your knowledge.

If you need more room, attach more paper.

Petitioner's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

Respondent's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____

PRE-TRIAL STATEMENT

☐ Joint (we filled this out together)
☐ Separate (I filled this out on my own)

☐ Divorce
☐ Legal Separation
☐ Parenting Time and Legal Decision-Making
With Minor Children

Respondent: _____

MINOR CHILDREN:

Name	Birthdate
_____	_____
_____	_____
_____	_____

WITNESSES:

If a witness is not listed here, they won't be allowed at the trial.

Each party signing this document reserves his or her right to call as a witness himself or herself and witnesses from the other party's witness list.

Petitioner's Witnesses:

Name	Phone	Address	Deposition Testimony Only (not in person) []
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	

Respondent's Witnesses:

Name	Phone	Address	Deposition Testimony Only (not in person) []
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	

Objections to Witnesses:

Petitioner objects to these witnesses:

Witness Name	Why I Object
_____	_____
_____	_____

Respondent objects to these witnesses:

Witness Name	Why I Object
_____	_____
_____	_____

LENGTH OF TRIAL:

How many witnesses are listed above? _____. The court should allow more than the time scheduled for trial if needed based on that number of witnesses.

EXHIBITS:

The court should admit the following exhibits into evidence:

Affidavit of Financial Information

Inventory of Property and Debts (if this is a divorce or legal separation)

Parent's Worksheet for Child Support Amount

Exhibit Description	Petitioner or Respondent Objects to This Exhibit		Specific Reasons for the Objection
	Pet.	Resp.	
	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
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<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

DISCOVERY AND DISCLOSURE:

Each person signing this document has completed all pre-trial discovery and disclosure and delivered to the other party all exhibits and reports of expert witnesses who have been listed as witnesses.

SETTLEMENT:

"Settlement" means that the parties come to agree on all the terms of the case without a trial.

We have discussed settlement in good faith, or:

☐ We have not discussed settlement because:

STIPULATIONS OR AGREEMENTS AND CONTESTED AND UNCONTESTED FACTS:**For Legal Separation:**

☐ Respondent objects to a legal separation.

For Divorce or Legal Separation:

		As Listed in the Following Document: <i>for example: "Petition" or "Response"</i>	Date That Document Was Signed
We Agree on Petitioner Wants Respondent Wants	Spousal Support	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	Property and Debts	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	Tax Status	_____ _____ _____	_____ _____ _____

For All Cases:

		As Listed in the Following Document	Dated
We Agree on Petitioner Wants Respondent Wants	Legal Decision- Making About the Children	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	Children's Primary Residence	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	Parenting Time	_____ _____ _____	_____ _____ _____
We Agree on Petitioner Wants Respondent Wants	Child Support*	_____ _____ _____	_____ _____ _____

*including Children's Insurance and Health Expenses, and Tax Exemptions

For Divorce or Legal Separation:

“Contested Fact” means that the parties disagree whether something happened in a certain way or whether it is true. “Uncontested Fact” means that the parties agree that something happened or that it is true.

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
Spousal Support		
Property and Debts		
Tax Status		

For All Cases:

“Contested Fact” means that the parties disagree whether something happened in a certain way or whether it is true. “Uncontested Fact” means that the parties agree that something happened or that it is true.

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
Legal Decision-Making About the Children		
Children’s Primary Residence		
Parenting Time		

Detailed and Concise Statement of
Contested Facts

Uncontested Facts

Child Support*

*including Children's Insurance and Health Expenses, and Tax Exemptions

Other Issues: We stand as follows on any terms of this case not listed above:

Date: _____

Petitioner's Signature: _____

Date: _____

Respondent's Signature: _____

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition that started this case: _____ Case Number: DO _____

**AFFIDAVIT OF FINANCIAL
INFORMATION**

Respondent's Name: _____

I am the ☐ Petitioner or ☐ Respondent

INSTRUCTIONS:

DON'T LEAVE ANYTHING BLANK: If a question doesn't apply, write "NA" for "not applicable".
If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- ☐ Affidavit of Financial Information
- ☐ Copies of your two most recent pay stubs
- ☐ If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- ☐ Affidavit of Financial Information and any attachments
- ☐ Proof of your year-to-date income from all sources, including your two most recent pay stubs
- ☐ Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- ☐ Your W-2 and 1099 forms from all sources of income for the last three years
- ☐ If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation: Complete copies of the business federal income tax returns for the last three years with all schedules and attachments

Are you sending copies of the items listed above to the other party? ☐ Yes ☐ No. If No, why not?

OATH:

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

Date: _____ My Signature: _____

GENERAL INFORMATION:

My Name: _____ Birthdate: _____

Current Address: _____

Last date that I and the other party lived together: _____

For married or divorced parties:

Date of Our Marriage: _____

Our divorce is ☐ pending or ☐ final. If final: Date of Divorce: _____

Children: These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

Household: These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

Other People I Support: These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

Attorney's Fees: Attorney's fees I've paid in this case: \$ _____

Where I got the money to pay those fees: _____

Employment:

My job/occupation/profession/title: _____

My current employer's name: _____

Current employer's address: _____

Date current employment began: _____

How often I'm paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month

☐ Other: _____

If I'm not working, it's because: _____

Previous employer's name: _____

Previous employer's address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Why I left previous job: _____

Gross monthly pay at previous job: \$ _____

Total gross income from last three years' tax returns:

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

My total gross income from January 1 of this year to the date of this Affidavit: \$ _____

Education/Training:

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

INCOME:

Gross Monthly Income:

What to list: List all income you receive from any source, whether private or governmental, taxable or not. List all income payable to you individually and all non-wage income payable jointly to you and your spouse.

Monthly average: Use a monthly average for items that change from month to month.

Monthly total for weekly or biweekly income: Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages \$ _____

Rate of Pay: \$ _____ per ☐ hour ☐ week ☐ month ☐ year

Expenses my employer pays for:
Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.

 Automobile provision or allowance..... \$ _____

 Auto expenses, such as gas, repairs, and insurance \$ _____

 Lodging \$ _____

 Other (explain): _____ \$ _____

Commissions/Bonuses \$ _____

Tips \$ _____

Self-employment income \$ _____

Social Security benefits..... \$ _____

Worker's compensation and/or disability income \$ _____

Unemployment compensation \$ _____

Gifts/Prizes..... \$ _____

Spousal support (alimony) payments from a previous marriage \$ _____

Rental income (net after expenses) \$ _____

Contributions to household living expenses by others \$ _____

Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* _____ \$ _____

_____ \$ _____

Total Gross Monthly Income: \$ _____

Monthly child support I receive for my children from other relationships who live with me:
 \$ _____

Self-Employment:

Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.

Business name: _____

Business address: _____

Business phone number: _____

Type of business entity: _____

State and date of incorporation/formation: _____

Nature of my interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue over the last 12 months: _____

EXPENSES:

Monthly Expenses for Children We Have in Common:

Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.

What to list: List only expenses that you pay yourself for those children.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk () next to the amount.*

Health Insurance:

Total monthly cost \$_____

Premium cost to insure just me and not the children: \$_____

Premium cost to insure just the children and not me: \$_____

You must list these premium costs. You can get them from your Human Resources Department.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Do you have health insurance available to you? ☐ Yes ☐ No

If Yes, are you enrolled in that insurance? ☐ Yes ☐ No

Dental/Vision Insurance:

Total monthly cost \$_____

Premium cost to insure just me and not the children: \$_____

Premium cost to insure just the children and not me: \$_____

You must list these premium costs. You can get them from your Human Resources Dept.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Unreimbursed Medical And Dental Expenses:

This is the cost to you that insurance doesn't reimburse.

Co-payments \$ _____
Drugs and medical supplies \$ _____
Other (*explain*): \$ _____

Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed Medical And Dental Expenses:	\$ _____
-------------------------------------------------------------------------------------------------------------------------	-----------------

Employer Pretax Program:

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")? ☐ Yes ☐ No

Child Care Costs:

Total monthly child care costs (*do not include amounts that DES pays*) \$ _____
Names of children receiving child care and cost per child:

Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____

Child care providers:

Name	Address

Extraordinary Expenses:

Monthly amount of extraordinary expenses for gifted or handicapped children (*explain*): \$ _____

Total B: Total Of Child Care Costs and Extraordinary Expenses	\$ _____
----------------------------------------------------------------------------	-----------------

Monthly Expenses From Other Relationships:

Court-Ordered Support For Children Of Other Relationships:

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships \$ _____

Monthly amount of arrears I'm court-ordered to pay for children of other relationships \$ _____

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$ _____

Court-Ordered Spousal Support (Alimony) From Previous Marriages:

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages \$ _____

Total C: Total Of Expenses From Other Relationships \$ _____

My Monthly Expenses:

Fill out this section if: Fill out the "My Monthly Expenses" section only if either party asked for any of the following:

- spousal support
- temporary division of bills
- attorney's fees and costs
- deviation from the child support guidelines
- enforcement of previous court orders

What to list: List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.

Monthly average: Use a monthly average for items that change from month to month.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (*) next to the amount.

Housing:

House payment:
First mortgage \$ _____
Second mortgage..... \$ _____
Homeowners association fee..... \$ _____
Rent \$ _____
Repair and upkeep..... \$ _____
Yard work/Pool/Pest control..... \$ _____
Insurance and taxes not included in house payment..... \$ _____
Other (*explain*): _____ \$ _____

Total Housing Expenses: \$ _____

Utilities:

Water, sewer, and garbage \$ _____
Electricity \$ _____
Gas \$ _____
Telephone..... \$ _____
Mobile phone/pager \$ _____
Internet provider..... \$ _____
Cable/Satellite television \$ _____
Other (*explain*): _____ \$ _____

Total Utilities Expenses: \$ _____

Food:

Food, milk, and household supplies..... \$ _____
School lunches \$ _____
Meals outside the home \$ _____

Total Food Expenses: \$ _____

Clothing:

Clothing for me \$ _____
Uniforms or special work clothes \$ _____
Clothing for children living with me \$ _____
Laundry and dry-cleaning \$ _____

Total Clothing Expenses: \$ _____

Transportation:

Car insurance \$ _____
These are all the cars and people covered by that insurance:

Car payment \$ _____
Car repair and maintenance \$ _____
Gas and oil \$ _____
Bus fare/parking fees \$ _____
Other (*explain*): \$ _____

Total Transportation Expenses: \$ _____

Miscellaneous:

School and school supplies \$ _____
School activities or fees \$ _____
Children's extracurricular activities..... \$ _____
Church/contributions..... \$ _____
Newspapers, magazines, and books..... \$ _____
Barber and beauty shop..... \$ _____
Life insurance (beneficiary's name: _____) \$ _____
Disability insurance \$ _____
Recreation/entertainment \$ _____
Children's allowances \$ _____
Union/Professional dues \$ _____
Voluntary retirement contributions and savings deductions..... \$ _____
Family gifts \$ _____
Pet expenses \$ _____
Cigarettes \$ _____
Alcohol..... \$ _____
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): \$ _____

Total Miscellaneous Expenses: \$ _____

Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses	\$ _____
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Other Debts:

List all debts and installment payments you currently owe and are paying that are not already listed above.

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

Total E: Total Of Minimum Monthly Payments for Other Debts \$_____

Total of All Monthly Expenses *(Add together Totals A, B, C, D, and E, and enter the total here)*..... \$_____

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____

**INVENTORY OF PROPERTY AND
DEBTS**

Respondent: _____
☐ Petitioner
☐ Respondent

I. PROPERTY

List all property acquired during your marriage in which you or your spouse claims to have a community interest. If there is a dispute as to whether there is a community interest or obligation, indicate under "Contested Position". Value of the property is its current fair market value minus any encumbrances. If you need additional room, add a separate sheet of paper.

Description	Date Acquired	Value	Contested Position	Proposed allocation [H or W]
A. Cash and Financial Institution Accounts: Savings, Checking, Money Market, etc. Include financial institution's name, branch, and account number.				
1.				
2.				
3.				
4.				
5.				
B. Investments: Stocks, Bonds, Notes, Certificates of Deposit, Mortgages, Deeds of Trust, etc.				
6.				
7.				
8.				
9.				
10.				

C. Life Insurance: Company name, owner, policy number, insured, beneficiary death benefits, and cash surrender value (if any)				
11.				
12.				
13.				
14.				
15.				
D. Retirement Plans: Pension, profit-sharing, 401(k), Deferred Compensation				
16.				
17.				
18.				
19.				
20.				
E. Real Property				
21.				
22.				
23.				
24.				
25.				
F. Business Interests: Corporations, Partnerships, Limited Liability Corporations, Joint Ventures, Proprietorships				
26.				
27.				
28.				
29.				
30.				
G. Vehicles: Cars, Motorcycles, Motor Homes, Boats, Trailers, etc.				
31.				
32.				
33.				
34.				
35.				
H. Personal Property over \$100 in Value: Household goods, personal effects, antiques, objects of intrinsic value				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				

48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
60.				
61.				
62.				
63.				
I. Miscellaneous Assets				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				

II. DEBTS

List all debts and installment payments you currently owe. Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Last Payment	Contested Position	Proposed Allocation [H or W]
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Last Payment	Contested Position	Proposed Allocation [H or W]
15.						
16.						
17.						
18.						
19.						
20.						

Date

Signature

☐ Petitioner ☐ Respondent

☐ Attorney for ☐ Petitioner ☐ Respondent

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____
☐ Mother ☐ Father

**DECREE OF PARENTING TIME,
LEGAL DECISION-MAKING AND
CHILD SUPPORT**

☐ AND PATERNITY ORDER

Respondent: _____
☐ Mother ☐ Father Atlas Number: _____

THE COURT FINDS:

This case has come before the court for a Decree of Parenting Time, Legal Decision-Making, and Child Support. The court has taken all testimony needed to enter a Decree. The court has jurisdiction over the parties under the law, and the provisions of this Decree are fair and reasonable under the circumstances. The conciliation provisions have been met or do not apply.

Minor Children:

The following children were born to Petitioner and Respondent when they were not married to each other.

CHILD'S NAME: _____	Birthdate: _____
CHILD'S NAME: _____	Birthdate: _____
CHILD'S NAME: _____	Birthdate: _____

Parent Information Class:

Leave the Parent Information Class section blank.

☐ The parties have attended the Parent Information Class as evidenced by the Certificates of Completion in the court file, or attendance has been waived by the Court; OR

- ☐ ☐ Petitioner and/or ☐ Respondent has not completed the parent information class. Until completion of the class, the court may deny relief in favor of that party, hold that party in contempt of court, or impose any other sanction reasonable in the circumstances, including but not limited to enforcing or modifying this Decree.

THE COURT ORDERS:

Paternity:

- ☐ Father is the children's father. Father's Name: _____

- ☐ Father's name shall be added to each child's birth certificate. If any of the children's birth certificates list the name of a father other than Father, that name shall be changed as follows:

Child's Name	Change This Father's Name:	To This Father's Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ Each child's last name is changed to Father's last name, and for each child a new birth certificate shall be issued showing the new name, as follows:

The Current Name	Is Changed to the New Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ ☐ Petitioner or ☐ Respondent shall pay the other party \$_____ for the cost of pregnancy, childbirth, and/or the children's past medical expenses in the amount of \$_____ per month until paid in full. The first payment is due on the first day of _____.
- ☐ Respondent shall pay Petitioner \$_____ for Petitioner's costs and expenses for this action in the amount of \$_____ per month until paid in full. The first payment is due on the first day of _____.

Legal Decision-Making About the Children:

- ☐ **Joint Legal Decision-Making:** The parties are awarded joint legal decision-making about the children as set forth in the Joint Legal Decision-Making Agreement signed by the parties and filed with the Court. The Court adopts the terms of the Agreement. The Agreement has become part of the Decree and carries the same legal weight as the Decree. No significant domestic violence has occurred between the parties.

- ☐ **Sole Legal Decision-Making:** ☐ Petitioner or ☐ Respondent is awarded sole legal decision-Making about the children. Joint legal decision-making is not in the children's best interest because *(you must fill in this blank if you ask for sole legal decision-making)*:

Children's Primary Residence:

- ☐ Children will live mostly with Mother.
☐ Children will live mostly with Father.
☐ Children will live equally with Mother and Father.

Parenting Time:

☐ The Court Orders This Parenting Time Plan:

The children will be in Father's care at these times:

At the start of Father's time with the children, ☐ Mother will drop them off or ☐ Father will pick them up at this time: _____ at this location: _____.

The children will be in Mother's care at these times:

At the start of Mother's time with the children, ☐ Father will drop them off or ☐ Mother will pick them up at this time: _____ at this location: _____.

While the parents understand the court may enforce this drop-off and pick-up schedule, they will be reasonably flexible about it.

Other scheduling arrangements:

- ☐ During summer months or school breaks longer than four days not listed in the holiday schedule below, the children will be in ☐ Mother's or ☐ Father's care.
☐ Each parent is entitled to an annual _____-week vacation with the children. The parents will work out the details of the vacation at least _____ days in advance.
☐ Neither parent will travel with the children outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

The parents will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Mother	Father	Mother	Father
New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holidays:

	Even Years		Odd Years	
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Mother will have the children on Mother's Day and Father will have the children on Father's Day.
- ☐ Each parent will have the children on that parent's birthday.
- ☐ On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the parent who has them for the weekend.

Holiday times will begin and end as follows: _____

Phone access:

- ☐ Each parent may contact the children by phone during the children's normal waking hours.
- ☐ Other: _____

Religion:

- ☐ Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.
- ☐ The children may be instructed in the following faith: _____
- ☐ Religious arrangements do not apply to this Plan.

Communicating with each other: The parents will communicate with each other about the children ☐ by phone ☐ by email ☐ by text ☐ in person at least every _____ days.

The parents may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: The parents will review this Plan every _____ months and ask the court for any necessary or desired changes.

Disagreements: If the parties have disagreements about this Parenting Plan in the future -- such as about changes, violations, or moving with the children -- they'll make their best effort to cooperate and come to agreements in the children's best interest. If they can't agree, they have the option to ask for mediation through the court or a private mediator of their choice. While they're trying to come to an agreement, they will continue to follow this Parenting Plan.

Other: _____

[] The Court Orders Supervised Parenting Time:

Unsupervised parenting time would endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid [] by the parent being supervised or [] by the custodial parent or [] equally by both parties.

[] The Court Orders No Parenting Time:

Even supervised parenting time with the other parent would endanger the children's physical, mental, moral, or emotional health because:

Child Support: Child support shall be paid as stated in the Child Support Order issued on or about this date: *(leave blank)* _____. The child support obligation shall continue until the children have reached age 18 and graduated from high school or have reached 19 and have not graduated from high school. The paying parent must apply to the court to terminate child support payments.

Children's Insurance and Health Care Expenses: The party ordered to pay shall keep the other party informed of the insurance company name, address, and phone number and provide the other party with all documents necessary to submit insurance claims.

Mother is responsible for providing [] medical [] dental [] vision care insurance.

Father is responsible for providing [] medical [] dental [] vision care insurance.

Father will pay _____% and Mother will pay _____% of all reasonable un-reimbursed medical, dental, and health related expenses incurred for the children.

Tax Exemptions: The parties' income tax dependency exemptions are divided as follows. A party required to pay child support shall claim children as income tax dependency deductions only if the parent has paid all child support due and owing. If there is unpaid child support owed at the end of the tax year, the non-paying party is entitled to claim all deductions for the tax year.

Parent Entitled to Claim:

Mother	Father	Child's Name	Tax Years
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Enforcement of Temporary Orders: *(Leave this paragraph blank.)* For obligations ordered to be paid in the temporary orders dated _____: ☐ they are satisfied in full or ☐ judgment is awarded against the party with the obligation. The amount owing as of the date of this Decree is \$_____. At the legal rate of interest, the total amount currently owing is \$_____.

Other Orders:

Petitioner shall mail a copy of this decree to Respondent.

Date: _____ Superior Court Judge: _____

APPROVED BY:

I have read this Decree, the Child Support Order, and the Income Withholding Order and agree to be bound by their terms and conditions.

Sign in front of a notary. Notaries are at the Self-Help Center in the Courthouse and at most banks or listed in the Yellow Pages. The person signing must bring photo ID. Notaries usually charge a fee.

Petitioner's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____